



ATTACHMENT 3

DEPARTMENT OF TOXIC SUBSTANCES CONTROL

RECORD OF PUBLIC REVIEW

REQUESTOR	REPRESENTING	DATE
<p>I have read the Department's guidelines for review of public records and wish to inspect the following public record(s).</p> <p>Complete Description of Record(s):</p>		
<p>To be completed by Departmental staff:</p> <p>Approved _____ Inspected By _____ Date _____</p> <p>Disclosure of the requested record(s) is prohibited by law (exemption):</p> <p>_____</p> <p>_____</p> <p>Department Representative _____</p> <p>Branch/Unit _____ Date _____</p>		